U S Department of Labor Office of Labor-Management Standards Washington DC 20210

## FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No 1215-0188
Expires 11 30-2008

This report is mandatory under P L. 86-257 as amended Failure to comply may result in criminal prosecution fines or civil penalties as provided by 29 U S C 439 or 440

| For Official Use Only  VS DO  READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT   |  |  |  |
|--|--|--|--|
| E OPDA   |  |  |  |
| 1 File Number U 10/94  | 2 Fiscal Year Covered From                           |  |  |
|  | 1 1 2004 Through 12 31 2004                          |  |  |
| 3 Name and address of person filing  | 4 Name file number and address of labor organization |  |  |
| Name Luis R Robles   | Name LIUNA Local 300                                 |  |  |
|  | Labor Organization File Number 024-909               |  |  |
| P O Box Bldg Room No If any P O Box 1025   | P O Box Building and Room Number if any              |  |  |
| Street   | Street 515 Shatto Place                              |  |  |
| City Montebello  | City Los Angeles                                     |  |  |
| State California ZIP Code +4 90640   | State California ZIP Code + 4 90022                  |  |  |
| 5 Position in labor organization   |  |  |  |
| President-Field Representative   |  |  |  |
| Enter appropriate data below if during the past fiscal year you or your apouse or minor child directly or indirectly had any of the following interests  |  |  |  |
| A. Held an interest in engaged in transactions (including loans) with or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent  |  |  |  |
| 6. Name and address of Employer (including trade name, if any)  7 a. Nature of Interest, Transaction or Income   |  |  |  |
| Name N/A   | N/A +- 30 (27) F 511 72                              |  |  |
|  |  |  |  |
| Trade Name if any N/A  |  |  |  |
| PO Box Bldg Room No if any N/A   |  |  |  |
| Street N/A   | 7 b Amount.  |  |  |
| N/A  |  |  |  |
| City N/A   | \$0  |  |  |
| State ZIP Code + 4   |  |  |  |
| Signature  |  |  |  |
| 15 Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is, to the best of the undersigned's knowledge and belief true, correct, and complete (See the section on penalties in the instructions) |  |  |  |
|  |  |  |  |
| Signed Signed  | - On 8/8/2005 (213)385=3550 _                        |  |  |

| Name of Person Filing Luis Robles   | File Number U  |     |  |
|---|--|-----|--|
| B Held an interest in or derived income or economic benefit with monetary value from a business (1) a "substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested |  |     |  |
| 8 Name and address of Business (including trade name, if any)  Name N/A  Trade Name if any N/A  P O Box Bidg Room No if any N/A   | 9 Business deals with  a Labor Organization  b Trust  c Employer   |     |  |
| Street N/A City N/A State ZIP Code + 4  |  |     |  |
| 10 If 9 b or 9 c is checked give trust or employer's name   | 11 a Nature of such dealing  |     |  |
| Name N/A  | N/A  |     |  |
| Trade Name if any N/A   |  |     |  |
| PO Box, Bidg. Room No. If any N/A   |  |     |  |
| Street N/A  | 11 b Approximate dollar value of such dealing  | \$0 |  |
| Crty N/A  | 12 a Nature of interest held or income received  |     |  |
| State ZIP Code + 4  | N/A  |     |  |
|   | 12 b Amount  | \$0 |  |
| C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value  |  |     |  |
| 13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)   | 14 a Nature of payment.  |     |  |
| Name N/A  | and the same of th |     |  |
| Trade Name if any N/A   |  |     |  |
| PO Box Bldg Room No if any N/A  |  |     |  |
| Street N/A  |  |     |  |
| City N/A  |  |     |  |
| State ZIP Code + 4  |  |     |  |
| 13 b is the Business an Employer or Consultant ?  | 14 b Amount of payment.  | \$0 |  |